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**PPE Preservation Suggested Guidelines**

COVID19 precautions

Clinician/Health Care Worker- face shield, surgical mask.

Patient- surgical mask or cloth mask.

* Safety glasses should be used when Face Shield is not available. In this situation the surgical mask should be replaced with a N95
* With a face shield a KN95 can be used as an upgrade from the Surgical mask
* With a face shield an N95 can be used as an upgrade from KN95

COVID19 Presumptive or Positive

Clinician/Health Care Worker- Full droplet protection. Face Shield, N95, protective gown, foot covers, head cover, gloves.

Patient- surgical mask or cloth mask

* Each clinician is given PPE that will be used exclusively with each patient that fits this population.
* Safety glasses should be used when Face Shield is not available. In this situation the surgical mask should be replaced with an N95
* With a face shield a KN95 can be used as an upgrade from the Surgical mask
* With a face shield N95 can be used as an upgrade from KN95

Reuse considerations.

* N95 is the best level of protection. Reuse is not best practice. During reuse it is imperative to reduce the possibility of contamination and the mask becoming worn or soiled.
	+ Clinicians/health care workers should remove make up prior to wearing mask.
	+ Clinicians/health care workers’ face should be clean-shaven
* The virus will decompose over time. Therefore a mask cycle will help reduce the risk of exposure and cross contamination of the N95.
	+ Up to 3 hours post-aerosolization (median half-life 1.1–1.2 hours)
	+ Up to 4 hours on copper (median half-life 1.1–1.2 hours)
	+ Up to 24 hours on cardboard (median half-life approximately 3.5 hours)
	+ Up to 2 days on stainless steel (median half-life 5.6 hours)
	+ Up to 3 days on plastic (median half-life 6.8 hours)
* If a clinician is issued 4 N95 masks they will have a mask to wear for a 4 day cycle. Day 1, day 2, day 3, day 4. Then the cycle will repeat itself.
* If the clinician is issued 6 N95 masks they can use the masks in the above mentioned configuration, with the addition of 2 N95 masks as backups in case their daily mask becomes damaged, soiled or contaminated.
* A cloth cover mask can be worn over the N95 mask and must be decontaminated at the end of each shift, or after potential exposure to COVID-19 patient. This cloth mask may extend the life of the N95 masks by reducing the chance of the N95 masks of being contaminated or damaged.
	+ A hot cycle in a dishwasher or washing machine is enough to kill the virus and may be appropriate for decontamination with daily uniform.
* Mask can also be decontaminated by heating in an oven at 70 Celsius or 158 Fahrenheit for 30 minutes. This has shown to be effective and does will only reduce the integrity of the mask at a very minimal level.
* There are some other methods being used for reconditioning of masks which include Hydrogen Peroxide gas, boiling water, steam and UV rays. All have proven to be effective and require additional information considerations to implement.

In closing the KN95 mask is becoming more readily available. It is important that any level of protection is better than no protection, which is consistent with the information coming from the CDC.

Implementing a plan to provide layers of protection using the Time, Distance and Shielding concept is important as a best practice, to reduce exposure risk and extend the use of PPE.

* Time- Reduce the amount of time spent with the patient. Use Telehealth, etc.
* Distance- Remain greater than 6 feet away from patient, while gathering information, conducting patient survey, and preparing for hands on care, if needed.
* Shielding. The protocols mentioned above will allow for ways to implement layers of defense.